

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
2008 MAY 16 PM 2:07

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ben Rogers for Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Ben Rogers

Political Party (if applicable)

Democrat

Office Sought

Linn County Board of Supervisors - District 3

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Tonya A. Morehouse  
SIGNATURE OF PERSON FILING REPORT

(319) 573-6314  
TELEPHONE

5/16/2008  
DATE SIGNED

I AM FILING A May 19, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election

County & Local Committee, enter County in  
which Election is held  
Linn

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

5,875.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 5,875.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

718.25

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 5,156.75

UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 150.00

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ben Rogers for Supervisor

**SCHEDULE****A**

(Rev. 07/03)

**MONEY RECEIPTS**☐ CHECK THIS BOX IF AMENDING FORM

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/14/2008	ID# CK#	Marcia Rogers 2201 Ridgeway Dr SE Cedar Rapids, IA 52403	Mother	\$500.00	<input type="checkbox"/>
3/16/2008	ID# CK#	Neil Boudreaux 2900 Hunters Ridge Road Marion, IA 52302		100.00	<input type="checkbox"/>
3/17/2008	ID# CK#	Dennis Bloome 3912 Willowleaf St NE Cedar Rapids, IA 52411		100.00	<input type="checkbox"/>
3/24/2008	ID# CK#	Beth Freeman 2336 Upland Drive SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
3/29/2008	ID# CK#	Kate Minette 349 Park Terrace SE Cedar Rapids, IA 52403		250.00	<input type="checkbox"/>
4/2/2008	ID# CK#	Sue Olson 4019 Windham Woods Ct NE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
4/14/2008	ID# CK#	Roger Stone 2020 Spoon Creek Ct SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
4/15/2008	ID# CK#	John Beckelman 359 Pleasant Dr SE Cedar Rapids, IA 52403		300.00	<input type="checkbox"/>
4/15/2008	ID# CK#	Jack Evans 2336 Linden Drive SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
4/29/2008	ID# CK#	Fred Rogers 365 30th Street Cedar Rapids, IA 52403	Grandfather	75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1725.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 6  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Ben Rogers for Supervisor

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND RAISER INCOME
5/1/2008	ID# CK#	Sandy Fain 211 Vierling Dr Silver Spring, MD 20904		\$100.00	<input type="checkbox"/>
5/1/2008	ID# CK#	Tyler Olson 395 Memorial Dr SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
5/1/2008	ID# CK#	Kathe Goldstein 543 Forest Dr SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/2/2008	ID# CK#	Brian Gardner 4407 Wendy Lee Lane NW Cedar Rapids, IA 52405		100.00	<input type="checkbox"/>
5/3/2008	ID# CK#	Steve Jackson 144 Guilford St Cedar Rapids, IA 52403		250.00	<input type="checkbox"/>
5/3/2008	ID# CK#	Terry Pitts 5023 Broadlawn Dr SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/3/2008	ID# CK#	Rex Eno 365 Abbotsford Rd Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
5/6/2008	ID# CK#	Donald Primus 2000 Progress Dr SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/6/2008	ID# CK#	Valuemetries Group LLC 514 Fairview Dr SE Cedar Rapids, IA 52403		500.00	<input type="checkbox"/>
5/6/2008	ID# CK#	Bob Rush 900 2nd Street SE #605 Cedar Rapids, IA 52401		200.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1500.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 6  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME (Must be same as on Statement of Organization)**

Ben Rogers for Supervisor

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND RAISER INCOME
5/7/2008	ID# CK#	Gerhard Lowenberg 6 Brickwood Knoll NE Iowa City, IA 52240		\$100.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Herman Ginsberg 2222 First Avenue NE #407 Cedar Rapids, IA 52402		50.00	<input type="checkbox"/>
5/7/2008	ID# CK#	John Ehrhart 2010 Spoon Creek Ct SE Cedar Rapids, IA 52403		40.00	<input type="checkbox"/>
5/7/2008	ID# CK#	David O'Brien 4726 Leprechaun Ln Cedar Rapids, IA 52411		100.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Harold Denton PO Box 74002 Cedar Rapids, IA 52407		100.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Mimi Singer 509 S Central Ave Clayton, MO 63105	Aunt	100.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Robert Becker 2838 Alleghany Dr NE Cedar Rapids, IA 52402		100.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Liz Mathis 1725 Mackenzie Dr Cedar Rapids, IA 52411		50.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Lu Barron 195 Braybrook SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/7/2008	ID# CK#	Les Garner 800 1st St SW Mount Vernon, IA 52314		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 715.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ben Rogers for Supervisor

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/8/2008	ID# CK#	Julie Hender 345 34th St SE Cedar Rapids, IA 52403		\$50.00	<input type="checkbox"/>
5/8/2008	ID# CK#	Harold Becker 222 3rd Street SE Cedar Rapids, IA 52401		100.00	<input type="checkbox"/>
5/9/2008	ID# CK#	Jay Smith 505 5th Street, Suite 530 Sioux City, IA 51101		100.00	<input type="checkbox"/>
5/9/2008	ID# CK#	Christine Rohret 2305 Banbury St Iowa City, IA 52240		25.00	<input type="checkbox"/>
5/10/2008	ID# CK#	Patty Thacker 2222 1st Ave NE Cedar Rapids, IA 52402		25.00	<input type="checkbox"/>
5/12/2008	ID# CK#	Dawn Milroy 628 Crystal Dr NE Cedar Rapids, IA 52402		50.00	<input type="checkbox"/>
5/12/2008	ID# CK#	Unitemized Contributions		120.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Jim Houser 505 Rockvalley Dr SW Cedar Rapids, IA 52404		50.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Brian Gardner 4407 Wendy Lee Lane NW Cedar Rapids, IA 52405		25.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Linda Langston 4257 Sunland Ct Cedar Rapids, IA 52403		75.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 620.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ben Rogers for Supervisor

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY</b> <b>RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/12/2008	ID# CK#	Jack Evans 2336 Linden Drive SE Cedar Rapids, IA 52403		\$50.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Gina Young 506 Knollwood Dr SE Cedar Rapids, IA 52403		50.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	David Zylstra 532 Knollwood Dr SE Cedar Rapids, IA 52403		100.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Diane Handler 4330 Cottage Grove Parkway Cedar Rapids, IA 52403		100.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Jeff Stone 359 Parkland Dr SE Cedar Rapids, IA 52403		100.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Robert Buntz 3000 Adirondack Dr Cedar Rapids, IA 52402		100.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Tom Larkin 1401 13th Street Coralville, IA 52241		30.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Ryan Swalwell 1617 J Avenue NE Cedar Rapids, IA 52402		25.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Judy Whetstone 900 2nd Street SE #605 Cedar Rapids, IA 52401		200.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Valerie Heffernan 1649 130th Street Strawberry Point, IA 52076		10.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 765.00

TOTAL (if last page of this schedule)

\$

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Page 5 of 6  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ben Rogers for Supervisor

**SCHEDULE****A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**☐ CHECK THIS BOX IF  
AMENDING FORM

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/12/2008	ID# CK#	Don Cook 477 5th Avenue #8 Marion, IA 52302		\$50.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Justin Shields 3201 Pebble Dr SW Cedar Rapids, IA 52404		100.00	<input checked="" type="checkbox"/>
5/12/2008	ID# CK#	Diane Wiesenfeld 4325 Pioneer Trail SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/12/2008	ID# CK#	John Ruth 641 Valley Brook Dr SE Cedar Rapids, IA 52403		25.00	<input type="checkbox"/>
5/13/2008	ID# CK#	Leonabelle Mathison 420 6th Ave S #205 Fargo, ND 58103	Grandmother	200.00	<input type="checkbox"/>
5/13/2008	ID# CK#	Joan McCalmant 2204 Debann Ln NE Cedar Rapids, IA 52402		25.00	<input type="checkbox"/>
5/13/2008	ID# CK#	Joan Thaler 2121 Linden Dr SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
5/13/2008	ID# CK#	Elizabeth Daly 2501 White Eagle Trail SE Cedar Rapids, IA 52403		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 550.00

TOTAL (If last page of this schedule)

\$ 5,875.00

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Page 6 of 6  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Ben Rogers for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/25/2008	ID# CK#	Cedar Rapids Bank & Trust 5400 Council St NE Cedar Rapids, IA 52402	Purchase checks for campaign	\$ 16.30
4/11/2008	ID# CK#	USPS 1380 60th St NE Cedar Rapids, IA 52402	Purchase of PO Box for campaign	28.00
5/5/2008	ID# CK#	Linn County Treasurer 930 1st Street SW Cedar Rapids, IA 52404	Purchase of Linn county voter file list	13.00
5/7/2008	ID# CK#	Daley Solutions 811 Burr Oaks Dr #1301 West Des Moines, IA 50266	Payment for photography to be used in a mailer	600.00
5/14/2008	ID# CK#	Ben Rogers 634 Ashton Place NE #101 Cedar Rapids, IA 52402	Reimbursement to Ben Rogers (candidate) for copies made at Copyworks for a mailer	60.95
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 718.25
TOTAL (If last page of this schedule)				\$ 718.25

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 1

(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Ben Rogers for Supervisor

<b>SCHEDULE</b> <b>E</b> (Rev. 08/97)	<b>IN-KIND</b> <b>CONTRIBUTIONS</b>
<input type="checkbox"/> <b>CHECK THIS BOX IF AMENDING FORM</b>	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	DESCRIPTION OF IN-KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/12/2008	Neil Boudreaux 2900 Hunters Ridge Road Marion, IA 52302		Food for fundraiser	\$ 120.00	<input checked="" type="checkbox"/>
5/12/2008	Neil Boudreaux 2900 Hunters Ridge Road Marion, IA 52302		Tabcloths, plates, utensils & napkins for fundraiser	30.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 150.00

TOTAL (if last page of this schedule) \$ 150.00

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Page 1 of 1  
(for Schedule E)